

FILED FEB 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1612

BIRTH NO. _____		REG. DIST. NO. 164		PRIMARY REG. DIST. NO. 3032 Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. LENGTH OF STAY (in this place) 65 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION 207 Broad St				d. STREET ADDRESS (If rural, give location) 207 Broad St.	
3. NAME OF DECEASED (Type or Print) Linn		b. (Middle) J		c. (Last) Schofield	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 14 1861		9. AGE (In years last birthday) 89		10. DATE OF DEATH (Month) (Day) (Year) Jan. 23 1951	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor.		10b. KIND OF BUSINESS OR INDUSTRY Practice of Medicine		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME J.W. Schofield		13b. MOTHER'S MAIDEN NAME Andalusia Eddy	
14. NAME OF HUSBAND OR WIFE Edeth Campbell Schofield		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Campbell Schofield		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH 1 yr	
20. ANTECEDENT CAUSES		21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Arteriosclerosis		22. OTHER SIGNIFICANT CONDITIONS	
23. DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		24. DUE TO (c) Conditions contributing to the death but not related to the disease or condition causing death.		25. DATE OF OPERATION 19a. DATE OF OPERATION	
26. MAJOR FINDINGS OF OPERATION		27. ACCIDENT SUICIDE HOMICIDE (Specify)		28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
29. (CITY, TOWN, OR TOWNSHIP) Warrensburg		30. (COUNTY) Warrensburg		31. (STATE) Missouri	
32. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		33. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK []		34. HOW DID INJURY OCCUR?	
35. I hereby certify that I attended the deceased from 7-1, 1950 to 1-23, 1951, that I last saw the deceased alive on 1-22, 1951, and that death occurred at 3:32 p.m., from the causes and on the date stated above.					
36. SIGNATURE R. Lee Cooper MD		37. ADDRESS Warrensburg Mo.		38. DATE SIGNED 1-24-51	
39. BURIAL, CREMATION, REMOVAL (Specify) Burial		40. DATE Jan. 24 1951		41. NAME OF CEMETERY OR CREMATORY Sunset Hill	
42. LOCATION (City, town, or county) Warrensburg		43. (State) Missouri		44. DATE REC'D BY LOCAL REG. 1-24-51	
45. REGISTRAR'S SIGNATURE Savannah Phillips		46. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips		47. ADDRESS Warrensburg Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 29 1951

JOHNSON COUNTY HEALTH DEPT.

100-82-030

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.